

UNV Nationals

The following benefit changes will take effect on 1 October 2024

Who?

These changes **apply to dependents and out-patient care only**. They do not apply to the volunteers or in-patient care.

What?

As of 1 October 2024, the plan will include a **deductible and co-pay for dependents on all out-patient care:**

- Deductible of 150 USD per insurance year
- Co-pay of 20%

Definitions

Insurance year: An insurance year equals a period of 12 months. The first insurance period starts as of the first day of coverage which is also the start date of your contract, regardless of whether additional contracts start during that 12-month period. If the initial contract ends prior to the end of the 12-month period and one or more contracts come into effect during the 12-month period, the insurance year is still defined as a 12-month period starting on the first day of the initial contract.

Out-patient care: Treatment given on an outpatient basis, where the date of admission is the same as the date of discharge. In addition to out-patient medical care in a clinic or hospital, out-patient care includes orthopaedic devices, medication, laboratory analyses, diagnostic exams, care from specialist suppliers (for example a physiotherapist or dietician), fertility treatments, and transportation.

What is a deductible?

A deductible on out-patient care is an amount that dependents need to pay out of pocket in full during the insurance year before the plan starts reimbursing out-patient care expenses.

For example, if the plan has a \$150 deductible on out-patient care expenses and a dependent incurs:

- \$100 costs for physiotherapist on 15 October 2024, and
- \$100 costs for orthopaedic shoes on 20 October 2024, the covered dependent would first have to pay \$150 from their pocket before the plan provisions start applying. That means that:

- The \$100 for physiotherapist need to be paid by the dependent (leaving \$50 of the deductible that still need to be paid)
- \$50 of the \$100 for orthopaedic shoes need to be paid by the dependent, which would then mean that the \$150 deductible is now paid in full (\$100 for physiotherapy and \$50 for orthopaedic shoes).
- The remaining \$50 for the orthopaedic shoes purchased on 20 October 2024, and any subsequent outpatient expenses incurred, would become eligible to be covered by the plan until the end of the insurance year.

What is a co-pay?

The co-pay is the percentage of a claim dependents pay out of their pocket. For example, assuming a member incurs \$100 costs for physiotherapy:

- With the new co-pay of 20%: the dependent pays 20%, so \$20; the plan pays the remaining 80%, so \$80.

Another way to consider it is that the plan covers 80% of the out-patient care expenses while the member pays for 20% out of pocket.

How do a deductible and co-pay function together?

For example, if the plan has a \$150 deductible and 20% co-pay on out-patient care and a dependent incurs:

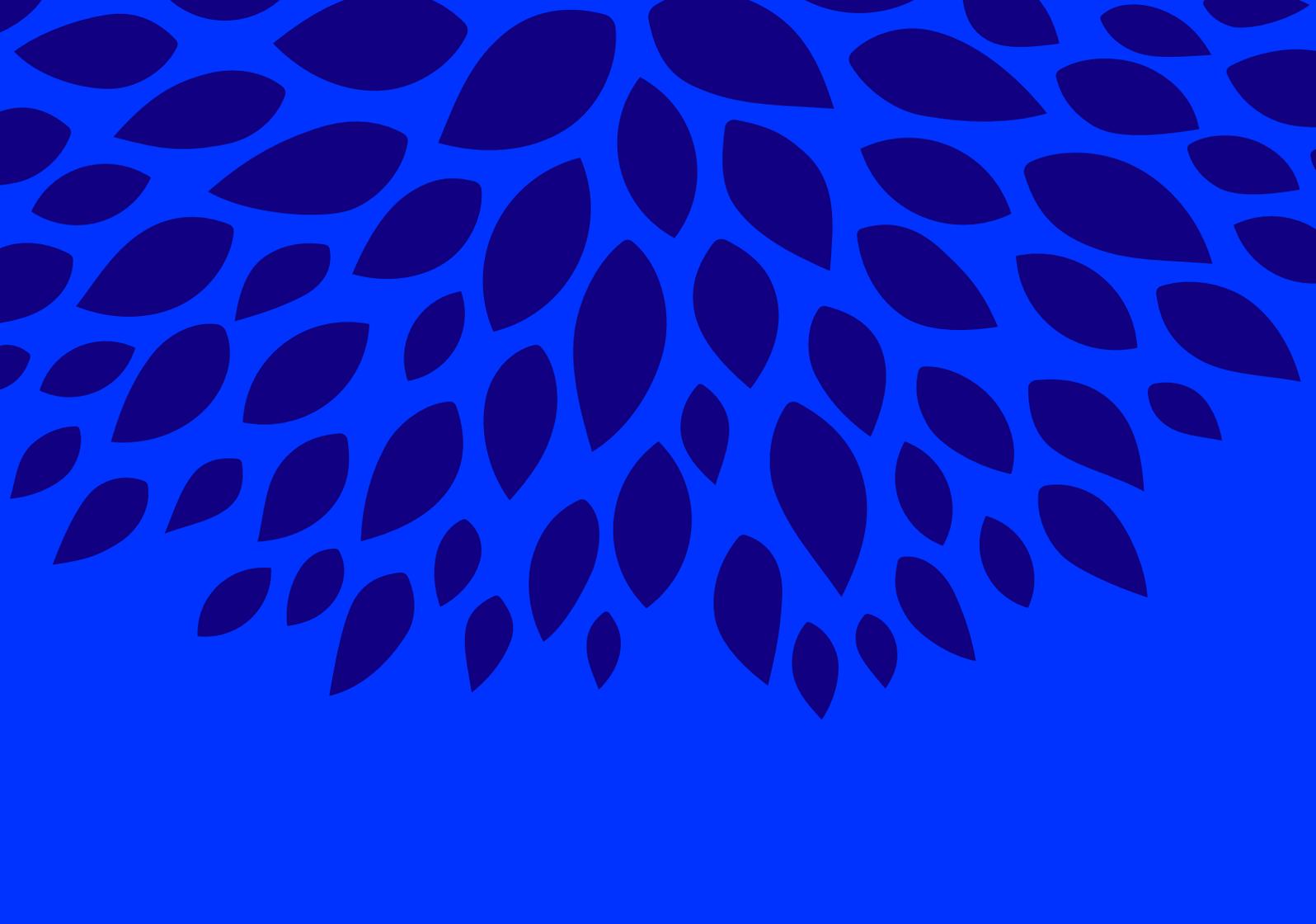
- \$100 costs for physiotherapy on 15 October 2024, and
- \$100 costs for orthopaedic shoes on 20 October 2024,

The reimbursement would be the following:

- The \$100 for physiotherapy need to be paid by the dependent (leaving \$50 of the deductible that still need to be paid)
- \$50 of the \$100 for orthopaedic shoes need to be paid by the dependent, which would then mean that the \$150 deductible is now paid in full (\$100 for physiotherapy and \$50 for orthopaedic shoes).
- The remaining \$50 for the orthopaedic shoes purchased on 20 October 2024 is now available for cover under the plan. The dependent would pay 20% of the \$50 covered by the plan, which equals \$10. The plan would then reimburse \$40.

Another way to look at it is that the plan covers 80% of the remaining \$50, which equals \$40. The dependent has to pay \$10.

As the deductible is satisfied, the plan will cover 80% of all subsequent expenses for out-patient care. The dependent will therefore pay 20% of all subsequent expenses for out-patient care.



“Cigna Healthcare” refers to Cigna Group and/or its subsidiaries and affiliates. Products and services are provided by or through such operating subsidiaries, including, without limitation, Cigna Life Insurance Company of Europe S.A.-N.V, Cigna Europe Insurance Company S.A.-N.V, both companies registered in Belgium at Plantin en Moretuslei 309, 2140 Antwerp, Belgium, or Cigna Global Insurance Company Limited, with registered address in Guernsey at PO Box 155, Mill Court, La Charroterie, St Peter Port, Guernsey, GY1 4ET. Cigna Life Insurance Company of Europe S.A.-N.V and Cigna Europe Insurance Company S.A.-N.V. are subject to the prudential supervision of the National Bank of Belgium and to the supervision of the Financial Services and Markets Authority in the field of consumer protection. Cigna Global Insurance Company Limited is authorized and regulated by the Guernsey Financial Services Commission for the conduct of insurance business in Guernsey.

Certain products and services which are non-risk related may be provided by non-insurance entities such as Cigna International Health Services BV, registered with the Financial Services and Markets Authority as an insurance and reinsurance broker and with registered office at Plantin en Moretuslei 299, 2140 Antwerp, Belgium; Cigna European Services (UK) Limited, having its registered office at 13th Floor 5 Aldermanbury Square, London, EC2V 7HR; and Cigna Global Wellbeing Solutions Limited with registered office at 13th Floor 5 Aldermanbury Square, London, EC2V 7HR.